

## **Exhibit 1**

## Zucker, Evan

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**From:** Eric Letsche <epletsche@sabreindustries.com>  
**Sent:** Friday, February 15, 2019 9:14 AM  
**To:** Zucker, Evan  
**Subject:** FW: PGE - Sabre Industries correspondence  
**Attachments:** PGE reclamation letter 2-15-19.pdf; PGE reclamation letter Exhibit A.pdf

FYI

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**From:** Eric Letsche  
**Sent:** Friday, February 15, 2019 8:10 AM  
**To:** 'dpl0@pge.com' ; 'stephen.karotkin@weil.com'  
**Cc:** Becker, Samuel (Becker@BlankRome.com) ; Timothy Rossetti  
**Subject:** PGE - Sabre Industries correspondence

Ms. Lewis and Mr. Karotkin,

Please see attached letter and exhibit sent on behalf of Tim Rossetti, CFO of Sabre Industries, Inc. Hard copies will follow via overnight mail.

Regards,

*Eric Letsche*  
*Vice President & Corporate Controller*  
*Sabre Industries, Inc.*  
*Phone: (712) 224-1580*  
[epletsche@sabreindustries.com](mailto:epletsche@sabreindustries.com)

February 13, 2019

**VIA ELECTRONIC MAIL AND OVERNIGHT MAIL**

Ms. Danielle Lewis  
PG&E Corporation  
245 Market Street, 5<sup>th</sup> Floor  
San Francisco, CA 94105  
Email: [dpl0@pge.com](mailto:dpl0@pge.com)

PG&E Corporation Reclamations Demands  
c/o Prime Clerk LLC  
850 3rd Avenue, Suite 412  
Brooklyn, New York 11232

Stephen Karotkin  
WEIL, GOTSHAL & MANGES LLP  
767 Fifth Avenue  
New York, NY 10153-0119  
[stephen.karotkin@weil.com](mailto:stephen.karotkin@weil.com)

**Re: *In re PG&E Corporation, et al.*, Case No. 19-30088 (Jointly Administered)**

Dear Ms. Lewis and Mr. Karotkin:

I am writing on behalf of Sabre Industries, Inc. (“Sabre”) a supplier of goods, in the form of infrastructure products to the above-captioned debtors and debtors in possession (collectively, the “Debtors”). Prior to January 29, 2019 (the “Petition Date”), the Debtors received, in the ordinary course of business, certain goods from Sabre for which Sabre has not received payment. Accordingly, Sabre hereby asserts certain claims, rights and remedies with respect to those unpaid goods.

Pursuant to all applicable provisions of the Uniform Commercial Code, including without limitation section 2-702, section 546(c) of the United States Bankruptcy Code, and any applicable common law, Sabre hereby makes a reclamation demand upon the Debtors for all goods delivered by Sabre to the Debtors between December 14, 2018 and the Petition Date (the “Reclamation Goods”). Specifically, as set forth in the chart attached hereto as Exhibit A, the Debtors received no less than \$371,556.80 in Reclamation Goods from Sabre in the 45 days prior to the Debtors’ bankruptcy filings.

Sabre makes this demand for reclamation without prejudice to all other rights and remedies available to it, at law or in equity, including, but not limited to, its right to an allowed administrative expense claim under 11 U.S.C. § 503(b)(9) for the value of all goods received by the Debtors within twenty days before the Petition Date. Sabre expressly reserves the right to modify, amend and/or supplement the demands made herein.

February 13, 2019  
Page 2

Please contact the undersigned for the instructions for the immediate return of the goods subject to this reclamation demand. You are further notified that all goods subject to Sabre's rights of reclamation should be immediately segregated by the Debtors and not used for any purpose.

Very truly yours,



Timothy A. Rossetti  
EVP, CFO and CAO  
Sabre Industries, Inc.

cc: Samuel Becker (Becker@BlankRome.com)

Attachments: Exhibit A

## **Exhibit A**

Order #	Bid #	Invoice #	Invoice Date	PO #	Invoiced Amounts	Ship Date	Arrival Date	Ship-To Address
19-418351	19-14438	540504	12/31/2018	3501176011	\$ 4,550.63	12/14/2018	12/18/2018	Fall River Mills, CA
19-418579	19-14468	541757	1/15/2019	3501176827	\$ 66,335.35	12/26/2018	1/2/2019	Oroville, CA
19-418687	19-14469	541758	1/15/2019	3501176846	\$ 96,103.53	12/26/2018	1/2/2019	Oroville, CA
19-418762	19-14470	542141	1/17/2019	3501176797	\$ 105,571.01	12/26/2018	1/7/2019	Oroville, CA
19-418823	19-14471	542142	1/17/2019	3501176792	\$ 73,879.47	12/26/2018	1/7/2019	Oroville, CA
Total					\$ 346,439.99			
Sales Tax					\$ 25,116.81			
Grand Total					\$ 371,556.80			



308884

Name of Carrier: <b>CH ROBINSON</b>		Carrier Number: <b>300-311-2130 x 13</b>	BOL No. <b>MSE 308884</b>
Carrier Code: <b>BRTW</b>		Pick-Up Date and Time: <b>12/14/18</b>	Deliv. Date and Time: <b>12/18/18 00:00</b>
TO Consignee: <b>PG&amp;E</b>		From Shipper: <b>Bossier City, LA 5031 Hazel Jones Road Bossier City, LA 71111</b>	Send All Freight Bills To: <input type="checkbox"/> Shipper <input checked="" type="checkbox"/> Consignee <input type="checkbox"/> Third Party
Street: <b>21500 Pk Powerhouse Rd</b>		<b>CH ROBINSON</b> <b>2351 CONNECTIONS</b> <b>SITE 300 SARTILL MN</b> <b>56377</b>	
City/State: <b>Irving, TX 75023</b>			
Delivery/Special Instructions: <b>Cameron Champion 530-360-6325</b>			

Quantity	Kind of Package, Description of Articles, Special Marks and Exceptions	Weight	Miles
	<b>0 Load# 0</b>	<b>2.668</b>	<b>0</b>
	<b>0</b>		
<b>0</b>		<b>0</b>	
<b>1</b>	<b>118351 1 1 Customer PO: 3501176011 PO Ln: 1 118351 3535 1</b>	<b>1,221</b>	
<b>1</b>	<b>118351 1 1 Customer PO: 3501176011 PO Ln: 1 118351 3539 B</b>	<b>1,387</b>	
	<b>SO#118351 PO#3501176011 Project name- PO#</b>		
	<b>3501176011 WPI Steel Pole</b>		
	<b>Please call 800-344-4007 24 hours before delivery</b>		
	<b>between the hours of 8AM-5PM</b>		

DRIVER CERTIFICATION. Received, subject to negotiated rates and agreed-upon contract terms with Carrier or Broker. Receipt is acknowledged by Carrier of the property described above in apparent good order except as noted (contents and condition of packages unknown), marked, consigned and destined as indicated above, which Carrier agrees to carry to destination.

This is to certify that the materials/articles listed above are properly classified, described, packaged, marked, labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

SHIPPER/CONSIGNOR

DRIVER

SECTION 7 - NON-RECOURSE ON CONSIGNOR. If the shipment is to be delivered to the Consignee without recourse against the Consignor, the Consignor shall sign the following statement: The Carrier shall not make delivery of the shipment without either first establishing credit with the 'Consignee/Third party Bill to' depicted above, or without first receiving payment of freight and all other lawful charges.

SHIPPER/CONSIGNOR

Notify if problem arises in route or at delivery: Name Transportation Manager Telephone No.                      After Hrs. No.                     

AMOUNT OF LIABILITY FOR FREIGHT LOSS/DAMAGE. The agreed or declared value of the property is specifically stated by the shipper to be \$ **100,000.00**

SHIPPER/CONSIGNOR

**PRE-SHIPPING INSPECTION.** I have secured and visually inspected the material on my truck and have found that all parts visible are not warped, bent, scraped, dented or damaged in any way. I have also witnessed the Sabre Communications Representative named below inspect the cargo for damages or shortages.

Signed                      Driver                      Truck Number                     

Witnessed                      Name of Trucking Company                      Date 12/14/18 Time                     

Sabre Representative                     

**POST-SHIPPING INSPECTION.** I have visually inspected the material on this truck prior to their removal and have found that they are not warped, bent, scraped, dented or damaged in any way beyond the form, fit or function of the project.

Signed                      Crew Foreman                      Company                     

Witnessed                      Driver



### Miscellaneous Shipment Authorization

<b>Pack ID</b> 308886	<b>Customer</b> PG&E	<b>Site State</b> CA	<b>Site Name</b> PO 3501176011 WPE
	<b>Requested By</b> drivers	<b>Site Country</b>	
<b>Ship Date</b> 12/14/2018	<b>Arrive Date/Time</b> 12/18/2018 12:00 AM	<b>Model</b>	<b>Height</b> 0.00

<b>ShipmentType</b> 4. CPU	<b>Material To Ship</b> Utility	<b>Est Truck Loads</b>	<b>Ship From</b> Bossier City
<b>Cosignee</b> PG&E	<b>Contact Name\Phone\Cell</b> Cameron Champion 530-360-6325	<b>Ship Address</b> 24500 Pit Powerhouse Rd. Fall River Mills, CA 96028	

#### Directions

SO#418351 PO#3501176011 Project name- PO# 3501176011 WPE Steel Pole

Please call 24 hours before delivery between the hours of 8AM-5PM

Contact: Cameron Champion (530) 360-6325

Line	Qty	Part Number	Description	Weight
Order Number: 418351				
1	0		418351	0.00
2	1		418351-3539-B	1,387.00
3	1		418351-3536-T	1,281.00

Approved By: kharper

<b>Total Weight:</b>	<b>2,668.00</b>
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CH ROBINSON

800-311-2130 x 13

MSE-308886

RBTW

12/14/18

12/18/18 00:00

PG&E

Bossier City, LA  
5031 Hazel Jones Road  
Bossier City, LA 71111

X

24500 Pit Powerhouse Rd.

Fall River Mills CA 96028

Cameron Champion  
530-360-6325

CH ROBINSON  
2351 CONNECTICUT S  
STE 300 SARTELL MN  
56377

0 Load#: 0  
0

2,668 0

0

0

1 \*418351-1-1 Customer PO: 3501176011 PO Ln: 1 418351-3536-T

1,281

1 418351-1-1 Customer PO: 3501176011 PO Ln: 1 418351-3539-B

1,387

SO#418351 PO#3501176011 Project name- PO#  
3501176011 WPE Steel Pole

Please call 800-344-4997 24 hours before delivery  
between the hours of 8AM-5PM

100,000.00

418579

Name of Carrier: <b>Customer Pickup</b>	Carrier Number: <b>800-325-0215</b>	BOL No.
Carrier Code: <b>CPUX</b>	Pick-Up Date and Time: <b>12/26/18</b>	Delv. Date and Time: <b>12/29/18</b>
TO Consignee: <b>Pacific Gas &amp; Electric</b>	From Shipper: <b>Bossier city, LA</b>	Send All Freight Bills To:
Street: <b>2592 South 5th AVE</b>	<b>5031 HAZEL JONES Rd</b>	<input type="checkbox"/> Shipper <input checked="" type="checkbox"/> Consignee <input checked="" type="checkbox"/> Third Party
City/State: <b>Oroville, CA</b>	Zip Code: <b>95965</b>	
Delivery/Special Instructions: <b>CHARLENE Mcloed 209-942-1669</b>		

Quantity	Kind of Package, Description of Articles, Special Marks and Exceptions	Weight	Miles
1	418579-7-3-H2-65	940	
1	418579-6-1-	892	
1	418579-7-1-H2-65	940	
1	418579-6-2-H	892	
1	418579-7-2-H2-65	940	
1	418579-4-2-H-65 (PO# 3501176827)	798	
1	418579-8-1-H3-55	923	
1	418579-4-3-H1-65	798	
1	418579-4-1-H-65	798	
1	418579-5-1-H1-70	837	
1	418579-4-4-H1-65	798	
1	418579-3-2-H1-60	798	

DRIVER CERTIFICATION. Received, subject to negotiated rates and agreed-upon contract terms with Carrier or Broker. Receipt is acknowledged by Carrier of the property described above in apparent good order except as noted (contents and condition of packages unknown), marked, consigned and destined as indicated above, which Carrier agrees to carry to destination.

This is to certify that the materials/articles listed above are properly classified, described, packaged, marked, labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

SHIPPER/CONSIGNOR KH DRIVER [Signature]

SECTION 7 - NON-RECOURSE ON CONSIGNOR. If the shipment is to be delivered to the Consignee without recourse against the Consignor, the Consignor shall sign the following statement: The Carrier shall not make delivery of the shipment without either first establishing credit with the 'Consignee/Third party Bill to' depicted above, or without first receiving payment of freight and all other lawful charges.

SHIPPER/CONSIGNOR KH

Notify if problem arises in route or at delivery: Name Transportation Manager Telephone No.  After Hrs. No.

AMOUNT OF LIABILITY FOR FREIGHT LOSS/DAMAGE The agreed or declared value of the property is specifically stated by the shipper to be \$ 15,461

SHIPPER/CONSIGNOR KH

**PRE-SHIPPING INSPECTION.** I have secured and visually inspected the material on my truck and have found that all parts visible are not warped, bent, scraped, dented or damaged in any way. I have also witnessed the Sabre Communications Representative named below inspect the cargo for damages or shortages.

Signed [Signature] Driver Truck Number 213

Witnessed ASLAN Express Date 12/28/18 Time   
Name of Trucking Company

Sabre Representative [Signature]

**POST-SHIPPING INSPECTION.** I have visually inspected the material on this truck prior to their removal and have found that they are not warped, bent, scraped, dented or damaged in any way beyond the form, fit or function of the project.

Signed  Company   
Crew Foreman



**BILL OF LADING - Short Form. Not Negotiable**

Name of Carrier: <b>Utley</b>		Carrier Number: <b>800-325-0215</b>	BOL No.
Carrier Code: <b>CPKX</b>		Pick-Up Date and Time: <b>12/20/18</b>	Delv. Date and Time: <b>12/29/18</b>
TO Consignee: <b>Power Gas + Electric</b>		From Shipper: <b>Bossier City, LA</b>	Send All Freight Bills To:
Street: <b>2892 South 5th AVE</b>			<input type="checkbox"/> Shipper
City/State: <b>DROVILLE, LA</b>			<input checked="" type="checkbox"/> Consignee
Zip Code: <b>70595</b>			<input type="checkbox"/> Third Party
Delivery/Special Instructions: <b>CHARLENE McLeod</b> <b>209-942-1669</b>			

Quantity	Kind of Package, Description of Articles, Special Marks and Exceptions	Weight	Miles
1	418579 - 1-1 - M1-G0	786	
1	418579- 3-1 - H1-G0	752	
1	418579- 2-1 - H1-S5	752	
1	418579 - 9-2 - H3-G5	1,017	
	POL# 350 II TUGZT		

DRIVER CERTIFICATION. Received, subject to negotiated rates and agreed-upon contract terms with Carrier or Broker. Receipt is acknowledged by Carrier of the property described above in apparent good order except as noted (contents and condition of packages unknown), marked, consigned and destined as indicated above, which Carrier agrees to carry to destination.

This is to certify that the materials/articles listed above are properly classified, described, packaged, marked, labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

SHIPPER/CONSIGNOR \_\_\_\_\_ DRIVER \_\_\_\_\_

SECTION 7 - NON-RECOURSE ON CONSIGNOR. If the shipment is to be delivered to the Consignee without recourse against the Consignor, the Consignor shall sign the following statement: The Carrier shall not make delivery of the shipment without either first establishing credit with the 'Consignee/Third party Bill to' depicted above, or without first receiving payment of freight and all other lawful charges.

SHIPPER/CONSIGNOR \_\_\_\_\_

Notify if problem arises in route or at delivery: Name Transportation Manager Telephone No. \_\_\_\_\_ After Hrs. No. \_\_\_\_\_

AMOUNT OF LIABILITY FOR FREIGHT LOSS/DAMAGE. The agreed or declared value of the property is specifically stated by the shipper to be \$

SHIPPER/CONSIGNOR \_\_\_\_\_

**PRE-SHIPING INSPECTION.** I have secured and visually inspected the material on my truck and have found that all parts visible are not warped, bent, scraped, dented or damaged in any way. I have also witnessed the Sabre Communications Representative named below inspect the cargo for damages or shortages.

Signed \_\_\_\_\_ Truck Number \_\_\_\_\_  
Driver

Witnessed \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
Name of Trucking Company

Sabre Representative \_\_\_\_\_

**POST-SHIPING INSPECTION.** I have visually inspected the material on this truck prior to their removal and have found that they are not warped, bent, scraped, dented or damaged in any way beyond the form, fit or function of the project.

Signed \_\_\_\_\_ Company \_\_\_\_\_  
Crew Foreman

Case: 19-30088 Doc# 3060-1 Filed: 07/18/19 Entered: 07/18/19 13:40:25 Page 11



# Load Verification Inspection

DATE: \_\_\_\_\_ BOL#: \_\_\_\_\_ Job# 418579 Truck# \_\_\_\_\_ Check Box

(1) Verify information on ID tag matches information on the section.

(2) Verify all welds on the section are completed.

(3) Verify there is no outer damage to the poles.

(4) Check quality of surface finish.

(5) Verify there are no loose items within the section.

(6) Verify protective caps are in place where required.

(7) Verify there is proper spacing and protection to prevent shipping damage.

(8) Verify all hardware is palletize and stretch wrapped, with job number and ship date.

(9) Purple flag the trailer once the load has been verified as correct.

Comments:

NOTE: STOP SHIPMENT IF A PROBLEM IS FOUND AND NOTIFY MANAGEMENT.

Inspector:

Forklift Driver (if Needed):

65H2 7-3 7-2 4-1 1-1  
6-1 4-2 5-1 3-1  
7-1 8-1 4-4 2-1  
6-2 4-3 3-2 9-2

16 Base

2-55H1

3-11-60 5-70 H1  
4-11-60 5-70 H1  
5-11-60 5-70 H1  
6-11-60 5-70 H1  
7-11-60 5-70 H1  
8-11-60 5-70 H1  
9-11-60 5-70 H1



418579

Name of Carrier: <b>CHANDINSON</b>	Carrier Number:	BOL No. <b>Load 1</b>
Carrier Code: <b>CPUX</b>	Pick-Up Date and Time: <b>12/26</b>	Delv. Date and Time: <b>1/21/18</b>
TO Consignee: <b>PG E</b>	From Shipper: <b>Bossier City LA 71111</b>	Send All Freight Bills To: <input type="checkbox"/> Shipper <input checked="" type="checkbox"/> Consignee <input type="checkbox"/> Third Party
Street: <b>2593 S. 5th Ave</b>		
City/State: <b>Oroville, CA 95965</b>		
Delivery/Special Instructions: <b>Marlene McLeod 209-492-1060</b>		

Quantity	Kind of Package, Description of Articles, Special Marks and Exceptions	Weight	Miles
	<b>POB BEOP 3501170827</b>	<b>254105</b>	
1	1-1 C1 10 T		
1	2-1 H1 55 T		
1	3-1 H1 10 T		
1	3-2 H1 10 T		
1	7-3 H2 105 T		
1	10-1 H4 105 T		
1	4-1 H1 105 T		
1	4-2 H1 105 T		
1	4-3 H1 105 T		
1	4-4 H1 105 T		

DRIVER CERTIFICATION. Received, subject to negotiated rates and agreed-upon contract terms with Carrier or Broker. Receipt is acknowledged by Carrier of the property described above in apparent good order except as noted (contents and condition of packages unknown), marked, consigned and destined as indicated above, which Carrier agrees to carry to destination.

This is to certify that the materials/articles listed above are properly classified, described, packaged, marked, labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

SHIPPER/CONSIGNOR **Kerry Kuper** DRIVER **X [Signature]**

SECTION 7 - NON-RECOURSE ON CONSIGNOR. If the shipment is to be delivered to the Consignee without recourse against the Consignor, the Consignor shall sign the following statement: The Carrier shall not make delivery of the shipment without either first establishing credit with the 'Consignee/Third party Bill to' depicted above, or without first receiving payment of freight and all other lawful charges.

SHIPPER/CONSIGNOR **LA**

Notify if problem arises in route or at delivery: Name **Transportation Manager** Telephone No. **After Hrs. No.**

AMOUNT OF LIABILITY FOR FREIGHT LOSS/DAMAGE. The agreed or declared value of the property is specifically stated by the shipper to be \$ **LA**

SHIPPER/CONSIGNOR **LA**

**PRE-SHIPPING INSPECTION.** I have secured and visually inspected the material on my truck and have found that all parts visible are not warped, bent, scraped, dented or damaged in any way. I have also witnessed the Sabre Communications Representative named below inspect the cargo for damages or shortages.

Signed **X [Signature]** Driver Truck Number **41827**

Witnessed **Michael Marie** Name of Trucking Company Date **12/28/18** Time

Sabre Representative **[Signature]**

**POST-SHIPPING INSPECTION.** I have visually inspected the material on this truck prior to their removal and have found that they are not warped, bent, scraped, dented or damaged in any way beyond the form, fit or function of the project.

Signed **Crew Foreman** Company

Witnessed **Case: 19-30088 Doc# 3060-1 Filed: 07/18/19 Entered: 07/18/19 13:40:25 Page 13**  
Driver of 52 Time



**BILL OF LADING - Short Form. Not Negotiable**

Name of Carrier:		Carrier Number:	BOL No.		
Carrier Code:		Pick-Up Date and Time:	Delv. Date and Time:		
TO Consignee:		From Shipper:	Send All Freight Bills To:		
Street:			<input type="checkbox"/> Shipper	<input type="checkbox"/> Consignee	<input type="checkbox"/> Third Party
City/State:					
Zip Code:					
Delivery/Special Instructions:					

Quantity	Kind of Package, Description of Articles, Special Marks and Exceptions			Weight	Miles
		418579	PO# 3501176827		
1	Q-1	H3.65 T			
1	Q-2	H2.55 T			
1	S-1	H1.70 T			
1	Q-1	H2.55 T			
1	7-1	H2.65 T			
1	7-2	H2.65 T			
1	8-1	H3.55 T			
1	Q-2	H3.65 T			

DRIVER CERTIFICATION. Received, subject to negotiated rates and agreed-upon contract terms with Carrier or Broker. Receipt is acknowledged by Carrier of the property described above in apparent good order except as noted (contents and condition of packages unknown), marked, consigned and destined as indicated above, which Carrier agrees to carry to destination.

This is to certify that the materials/articles listed above are properly classified, described, packaged, marked, labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

SHIPPER/CONSIGNOR \_\_\_\_\_ DRIVER \_\_\_\_\_

SECTION 7 - NON-RECOURSE ON CONSIGNOR. If the shipment is to be delivered to the Consignee without recourse against the Consignor, the Consignor shall sign the following statement: The Carrier shall not make delivery of the shipment without either first establishing credit with the 'Consignee/Third party Bill to' depicted above, or without first receiving payment of freight and all other lawful charges.

SHIPPER/CONSIGNOR \_\_\_\_\_

Notify if problem arises in route or at delivery: Name \_\_\_\_\_ Transportation Manager \_\_\_\_\_ Telephone No. \_\_\_\_\_ After Hrs. No. \_\_\_\_\_

AMOUNT OF LIABILITY FOR FREIGHT LOSS/DAMAGE. The agreed or declared value of the property is specifically stated by the shipper to be \$ \_\_\_\_\_

SHIPPER/CONSIGNOR \_\_\_\_\_

**PRE-SHIPING INSPECTION.** I have secured and visually inspected the material on my truck and have found that all parts visible are not warped, bent, scraped, dented or damaged in any way. I have also witnessed the Sabre Communications Representative named below inspect the cargo for damages or shortages.

Signed \_\_\_\_\_ Truck Number \_\_\_\_\_  
Driver

Witnessed \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
Name of Trucking Company

Sabre Representative \_\_\_\_\_

**POST-SHIPING INSPECTION.** I have visually inspected the material on this truck prior to their removal and have found that they are not warped, bent, scraped, dented or damaged in any way beyond the form, fit or function of the project.

Signed \_\_\_\_\_ Company \_\_\_\_\_  
Crew Foreman

Witnessed \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
Driver



# Load Verification Inspection

DATE: \_\_\_\_\_ BOL# \_\_\_\_\_ Job# \_\_\_\_\_ Truck# \_\_\_\_\_ Check Box

(1) Verify information on ID tag matches information on the section.	1-1 4-1 5-1	
(2) Verify all welds on the section are completed.	2-1 4-2 6-1	
(3) Verify there is no outer damage to the poles.	3-1 4-3 7-1	
(4) Check quality of surface finish.	3-2 4-4 7-2	
(5) Verify there are no loose items within the section.	7-3 9-1 8-1	
(6) Verify protective caps are in place where required.	10-1 6-2 9-2	
(7) Verify there is proper spacing and protection to prevent shipping damage.	<del>10</del>	
(8) Verify all hardware is palletize and stretch wrapped, with job number and ship date.	18-Female	
(9) Purple flag the trailer once the load has been verified as correct.	Sections	

Comments: \_\_\_\_\_

NOTE: STOP SHIPMENT IF A PROBLEM IS FOUND AND NOTIFY MANAGEMENT.

Inspector: Anthony Grazzi

Forklift Driver (if Needed): \_\_\_\_\_



**Sabre Industries™**

418687

**BILL OF LADING - Short Form. Not Negotiable**

Name of Carrier: <b>CH Robinson</b>	Carrier Number:	BOL No. <b>Load 1</b>
Carrier Code: <b>CPUX</b>	Pick-Up Date and Time: <b>12/26/18</b>	Delv. Date and Time: <b>1/2/19</b>
TO Consignee: <b>PG&amp;E</b>	From Shipper: <b>Bossier City LA 71111</b>	Send All Freight Bills To: <input type="checkbox"/> Shipper <input checked="" type="checkbox"/> Consignee <input type="checkbox"/> Third Party
Street: <b>2593 S. 5th Ave</b>		
City/State: <b>Oroville, CA</b>	Zip Code: <b>95965</b>	
Delivery/Special Instructions: <b>Chanelle McLeod 209-442-1169</b>		

Quantity	Kind of Package, Description of Articles, Special Marks and Exceptions			Weight	Miles
	<b>PO #3501176846</b>			<b>25K</b>	<b>125</b>
1	4-1	A 75	B		
1	5-1	C1 80	B		
1	5-2	C1 80	B		
1	7-1	H2 85	B		
1	1-6	C1 60	B		
1	3-3	C1 70	B		
1	1-4	C1 60	B		
1	3-4	C1 70	B		
1	3-1	C1 70	B		
1	2-1	C1 65	B		
1	2-5	C1 65	B		

DRIVER CERTIFICATION. Received, subject to negotiated rates and agreed-upon contract terms with Carrier or Broker. Receipt is acknowledged by Carrier of the property described above in apparent good order except as noted (contents and condition of packages unknown), marked, consigned and destined as indicated above, which Carrier agrees to carry to destination.

This is to certify that the materials/articles listed above are properly classified, described, packaged, marked, labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

SHIPPER/CONSIGNOR **[Signature]** DRIVER **[Signature]**

SECTION 7 - NON-RECOURSE ON CONSIGNOR. If the shipment is to be delivered to the Consignee without recourse against the Consignor, the Consignor shall sign the following statement: The Carrier shall not make delivery of the shipment without either first establishing credit with the 'Consignee/Third party Bill to' depicted above, or without first receiving payment of freight and all other lawful charges.

SHIPPER/CONSIGNOR **[Signature]**

Notify if problem arises in route or at delivery: Name **Transportation Manager** Telephone No.  After Hrs. No.

AMOUNT OF LIABILITY FOR FREIGHT LOSS/DAMAGE. The agreed or declared value of the property is specifically stated by the shipper to be \$ **100K**

SHIPPER/CONSIGNOR **[Signature]**

**PRE-SHIPPING INSPECTION.** I have secured and visually inspected the material on my truck and have found that all parts visible are not warped, bent, scraped, dented or damaged in any way. I have also witnessed the Sabre Communications Representative named below inspect the cargo for damages or shortages.

Signed **[Signature]** Driver **[Signature]** Truck Number **H 09**  
Witnessed **[Signature]** Name of Trucking Company **EXP** Date **12/27/18** Time   
Sabre Representative **[Signature]**

**POST-SHIPPING INSPECTION.** I have visually inspected the material on this truck prior to their removal and have found that they are not warped, bent, scraped, dented or damaged in any way beyond the form, fit or function of the project.

Signed  Company   
Crew Foreman

Witnessed  Driver  Date  Time   
Case: 19-30088 Doc# 3060-1 Filed: 07/18/19 Entered: 07/18/19 13:40:25 Page 16 of 52







# Load Verification Inspection

DATE: \_\_\_\_\_

BOL# \_\_\_\_\_

Job# 418687

Truck# \_\_\_\_\_

Check Box

- (1) Verify information on ID tag matches information on the section.
- (2) Verify all welds on the section are completed.
- (3) Verify there is no outer damage to the poles.
- (4) Check quality of surface finish.
- (5) Verify there are no loose items within the section.
- (6) Verify protective caps are in place where required.
- (7) Verify there is proper spacing and protection to prevent shipping damage.
- (8) Verify all hardware is palletize and stretch wrapped, with job number and ship date.
- (9) Purple flag the trailer once the load has been verified as correct.

4-1 1-6 3-1 2-8  
5-1 3-3 2-1 1-3  
5-2 1-4 2-5 6-1  
7-1 3-4 2-4 1-3

16 male sections

Comments: \_\_\_\_\_

NOTE: STOP SHIPMENT IF A PROBLEM IS FOUND AND NOTIFY MANAGEMENT.

Inspector: \_\_\_\_\_

Forklift Driver (if Needed): \_\_\_\_\_



**Sabre Industries™****BILL OF LADING - Short Form. Not Negotiable**

Name of Carrier: <b>CPUX</b>	Carrier Number:	BOL No. <b>20001 2</b>
Carrier Code: <b>CH Robinson</b>	Pick-Up Date and Time: <b>12/26</b>	Delv. Date and Time: <b>1/2/19</b>
TO Consignee: <b>PG &amp; E</b>	From Shipper: <b>Bossier City LA 71111</b>	Send All Freight Bills To: <input type="checkbox"/> Shipper <input checked="" type="checkbox"/> Consignee <input type="checkbox"/> Third Party
Street: <b>2593 S Shore</b>		
City/State: <b>Oroville, CA</b> Zip Code:		
Delivery/Special Instructions: <b>chouline milled 492 1/16/19</b>	<b>5031 Hazel Jones</b>	

Quantity	Kind of Package, Description of Articles, Special Marks and Exceptions				Weight	Miles
	<b>PO# 3501176846</b>					
1	1-4	C1	60	T		
1	1-3	C1	60	T		
1	1-1	C1	60	T		
1	1-5	C1	60	T		
1	1-1	X1	60	T		
1	1-6	C1	60	T		
1	1-7	C1	60	T		
1	1-2	C1	60	T		
1	3-1	C1	70	T		
1	3-2	C1	70	T		
1	3-3	C1	70	T		

DRIVER CERTIFICATION. Received, subject to negotiated rates and agreed-upon contract terms with Carrier or Broker. Receipt is acknowledged by Carrier of the property described above in apparent good order except as noted (contents and condition of packages unknown), marked, consigned and destined as indicated above, which Carrier agrees to carry to destination.

This is to certify that the materials/articles listed above are properly classified, described, packaged, marked, labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

SHIPPER/CONSIGNOR

DRIVER

SECTION 7 - NON-RECOURSE ON CONSIGNOR. If the shipment is to be delivered to the Consignee without recourse against the Consignor, the Consignor shall sign the following statement: The Carrier shall not make delivery of the shipment without either first establishing credit with the 'Consignee/Third party Bill to' depicted above, or without first receiving payment of freight and all other lawful charges.

SHIPPER/CONSIGNOR

Notify if problem arises in route or at delivery: Name Transportation Manager Telephone No. After Hrs. No.

AMOUNT OF LIABILITY FOR FREIGHT LOSS/DAMAGE. The agreed or declared value of the property is specifically stated by the shipper to be \$

SHIPPER/CONSIGNOR

**PRE-SHIPPING INSPECTION.** I have secured and visually inspected the material on my truck and have found that all parts visible are not warped, bent, scraped, dented or damaged in any way. I have also witnessed the Sabre Communications Representative named below inspect the cargo for damages or shortages.

Signed

Driver

Truck Number

Witnessed

Name of Trucking Company

Date

Time

Sabre Representative

**POST-SHIPPING INSPECTION.** I have visually inspected the material on this truck prior to their removal and have found that they are not warped, bent, scraped, dented or damaged in any way beyond the form, fit or function of the project.

Signed

Crew Foreman

Company

Witnessed

Driver

Date

Time

Case: 19-30088 Doc# 3060-1 Filed: 07/18/19 Entered: 07/18/19 13:40:25 Page 19



Name of Carrier: <b>Wally C. Robinson</b>		Carrier Number:	BOL No.		
Carrier Code: <b>CDUX</b>		Pick-Up Date and Time:	Delv. Date and Time:		
TO Consignee: <b>D &amp; F</b>		From Shipper:	Send All Freight Bills To:		
Street: <b>7593 S 5th Ave</b>			<input type="checkbox"/> Shipper	<input type="checkbox"/> Consignee	<input type="checkbox"/> Third Party
City/State: <b>Oroville, CA</b> Zip Code: <b>95963</b>					
Delivery/Special Instructions:					

Quantity	Kind of Package, Description of Articles, Special Marks and Exceptions		Weight	Miles
	<b>PO# 350 768416</b>			
	4-1	C1 75 T	1 5-1	C1 80 T
	4-2	C1 75 T	1 5-2	C1 80 T
	7-1	C1 285 T	1 2-7	C1 65 T
	2-8	C1 65 T	1 2-5	C1 65 T
	2-1	C1 65 T	1 2-6	C1 65 T
	2-3	C1 65 T		
	2-4	C1 65 T		
	2-2	C1 65 T		
	3-4	C1 70 T		
	1-8	C1 60 T		

DRIVER CERTIFICATION. Received, subject to negotiated rates and agreed-upon contract terms with Carrier or Broker. Receipt is acknowledged by Carrier of the property described above in apparent good order except as noted (contents and condition of packages unknown), marked, consigned and destined as indicated above, which Carrier agrees to carry to destination.

This is to certify that the materials/articles listed above are properly classified, described, packaged, marked, labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

SHIPPER/CONSIGNOR \_\_\_\_\_ DRIVER \_\_\_\_\_

SECTION 7 - NON-RECOURSE ON CONSIGNOR. If the shipment is to be delivered to the Consignee without recourse against the Consignor, the Consignor shall sign the following statement: The Carrier shall not make delivery of the shipment without either first establishing credit with the 'Consignee/Third party Bill to' depicted above, or without first receiving payment of freight and all other lawful charges.

SHIPPER/CONSIGNOR \_\_\_\_\_

Notify if problem arises in route or at delivery: Name \_\_\_\_\_ Transportation Manager \_\_\_\_\_ Telephone No. \_\_\_\_\_ After Hrs. No. \_\_\_\_\_

AMOUNT OF LIABILITY FOR FREIGHT LOSS/DAMAGE. The agreed or declared value of the property is specifically stated by the shipper to be \$ \_\_\_\_\_

SHIPPER/CONSIGNOR \_\_\_\_\_

**PRE-SHIPPING INSPECTION.** I have secured and visually inspected the material on my truck and have found that all parts visible are not warped, bent, scraped, dented or damaged in any way. I have also witnessed the Sabre Communications Representative named below inspect the cargo for damages or shortages.

Signed \_\_\_\_\_ Driver \_\_\_\_\_ Truck Number \_\_\_\_\_

Witnessed \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
Name of Trucking Company

Sabre Representative \_\_\_\_\_

**POST-SHIPPING INSPECTION.** I have visually inspected the material on this truck prior to their removal and have found that they are not warped, bent, scraped, dented or damaged in any way beyond the form, fit or function of the project.

Signed \_\_\_\_\_ Company \_\_\_\_\_  
Crew Foreman

Witnessed \_\_\_\_\_ Driver \_\_\_\_\_ Date \_\_\_\_\_ File \_\_\_\_\_ Entered: 07/18/19 13:40:25 Page 20 of 52



# Sabre Industries™

## BILL OF LADING - Short Form. Not Negotiable

418762

309159

Name of Carrier: <b>CH Robinson</b>	Carrier Number:	BOL No. <b>Load 1</b>
Carrier Code: <b>CPUX</b>	Pick-Up Date and Time: <b>12/26</b>	Delv. Date and Time: <b>1/2/18</b>
TO Consignee: <b>PO F</b>	From Shipper: <b>Bossier City, LA</b>	Send All Freight Bills To:
Street: <b>2543 S. 5th Ave</b>	<b>71111</b>	<input type="checkbox"/> Shipper <input checked="" type="checkbox"/> Consignee <input checked="" type="checkbox"/> Third Party
City/State: <b>Orlando CA</b>	Zip Code: <b>95465</b>	
Delivery/Special Instructions: <b>209-492</b>	<b>5031 Hazel Song</b>	
<b>Charlene McTool</b>		

Quantity	Kind of Package, Description of Articles, Special Marks and Exceptions	Weight	Miles
	<b>418762 PO # 3301176797</b>		
<b>5-1</b>	<b>H1 70</b>		
<b>1-6</b>	<b>C1 65</b>		
<b>1-1</b>	<b>C1 65</b>	<b>8 H1 65 T</b>	
<b>1-5</b>	<b>C1 65</b>	<b>14 C1 65 T</b>	
<b>1-4</b>	<b>C1 65</b>		
<b>4-3</b>	<b>H1 65</b>		
<b>4-2</b>	<b>H1 65</b>		
<b>1-12</b>	<b>C1 65</b>		
<b>4-1</b>	<b>H1 65</b>		
<b>1-10</b>	<b>C1 65</b>		
<b>1-8</b>	<b>C1 65</b>		

DRIVER CERTIFICATION. Received, subject to negotiated rates and agreed-upon contract terms with Carrier or Broker. Receipt is acknowledged by Carrier of the property described above in apparent good order except as noted (contents and condition of packages unknown), marked, consigned and destined as indicated above, which Carrier agrees to carry to destination.

This is to certify that the materials/articles listed above are properly classified, described, packaged, marked, labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

SHIPPER/CONSIGNOR **R. Heupel** DRIVER **X. Affan**

SECTION 7 - NON-RECOURSE ON CONSIGNOR. If the shipment is to be delivered to the Consignee without recourse against the Consignor, the Consignor shall sign the following statement: The Carrier shall not make delivery of the shipment without either first establishing credit with the 'Consignee/Third party Bill to' depicted above, or without first receiving payment of freight and all other lawful charges.

SHIPPER/CONSIGNOR **KNA**

Notify if problem arises in route or at delivery: Name \_\_\_\_\_ Transportation Manager \_\_\_\_\_ Telephone No. \_\_\_\_\_ After Hrs. No. \_\_\_\_\_

AMOUNT OF LIABILITY FOR FREIGHT LOSS/DAMAGE. The agreed or declared value of the property is specifically stated by the shipper to be \$ \_\_\_\_\_

SHIPPER/CONSIGNOR **VAA**

**PRE-SHIPPING INSPECTION.** I have secured and visually inspected the material on my truck and have found that all parts visible are not warped, bent, scraped, dented or damaged in any way. I have also witnessed the Sabre Communications Representative named below inspect the cargo for damages or shortages.

Signed **X. Affan** Truck Number **H 116**

Witnessed **S. Anderson** Date **12/27/18** Time \_\_\_\_\_

Sabre Representative **[Signature]**

**POST-SHIPPING INSPECTION.** I have visually inspected the material on this truck prior to their removal and have found that they are not warped, bent, scraped, dented or damaged in any way beyond the form, fit or function of the project.

Signed \_\_\_\_\_ Company \_\_\_\_\_



Name of Carrier: <u>Champion</u>		Carrier Number:	BOL No. <u>Load 1</u>
Carrier Code: <u>OPUX</u>		Pick-Up Date and Time: <u>12/26</u>	Delv. Date and Time: <u>1/2/18</u>
TO Consignee: <u>PGE</u>		From Shipper: <u>Bossier Liny</u>	Send All Freight Bills To:
Street: <u>2593 S. 5th Ave</u>		<u>LA 70111</u>	<input type="checkbox"/> Shipper <input type="checkbox"/> Consignee <input checked="" type="checkbox"/> Third Party
City/State: <u>Orville, CA</u> Zip Code: <u>95965</u>		<u>5031 Hazel Jones</u>	
Delivery/Special Instructions: <u>Charlene McLeod 809-492-1601</u>			

Quantity	Kind of Package, Description of Articles, Special Marks and Exceptions			Weight	Miles
1	1-14	C1	VS	DO 3501176797	
1	4-9	H1	VS		
1	4-8	H1	VS		
1	1-9	C1	VS		
1	1-11	C1	VS		
1	4-7	H1	VS		
1	1-13	C1	VS		
1	1-7	C1	VS		
1	1-3	C1	VS		
1	4-4	H1	VS		
1	1-2	C1	VS		
1	4-5	H1	VS		

DRIVER CERTIFICATION. Received, subject to negotiated rates and agreed-upon contract terms with Carrier or Broker. Receipt is acknowledged by Carrier of the property described above in apparent good order except as noted (contents and condition of packages unknown), marked, consigned and destined as indicated above, which Carrier agrees to carry to destination.

This is to certify that the materials/articles listed above are properly classified, described, packaged, marked, labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

SHIPPER/CONSIGNOR [Signature]

DRIVER [Signature]

SECTION 7 - NON-RECOURSE ON CONSIGNOR. If the shipment is to be delivered to the Consignee without recourse against the Consignor, the Consignor shall sign the following statement: The Carrier shall not make delivery of the shipment without either first establishing credit with the 'Consignee/Third party Bill to' depicted above, or without first receiving payment of freight and all other lawful charges.

SHIPPER/CONSIGNOR [Signature]

Notify if problem arises in route or at delivery: Name Transportation Manager Telephone No. After Hrs. No.

AMOUNT OF LIABILITY FOR FREIGHT LOSS/DAMAGE. The agreed or declared value of the property is specifically stated by the shipper to be \$ [Signature]

SHIPPER/CONSIGNOR [Signature]

**PRE-SHIPPING INSPECTION.** I have secured and visually inspected the material on my truck and have found that all parts visible are not warped, bent, scraped, dented or damaged in any way. I have also witnessed the Sabre Communications Representative named below inspect the cargo for damages or shortages.

Signed [Signature] Driver Truck Number                     

Witnessed                      Date                      Time                       
Name of Trucking Company

Sabre Representative                     

**POST-SHIPPING INSPECTION.** I have visually inspected the material on this truck prior to their removal and have found that they are not warped, bent, scraped, dented or damaged in any way beyond the form, fit or function of the project.

Signed                      Company                     

Witnessed                      Date 07/18/19 Time 13:40:25





309159

# Load Verification Inspection

DATE: 12-19-18

BOL#

Job#

418762

Truck#

Check Box

(1) Verify information on ID tag matches information on the section.

1-13

(2) Verify all welds on the section are completed.

4-3

1-14

1-7

(3) Verify there is no outer damage to the poles.

4-2

4-9

1-3

(4) Check quality of surface finish.

1-12

4-8

4-4

(5) Verify there are no loose items within the section.

4-1

1-9

1-2

(6) Verify protective caps are in place where required.

1-10

4-7

4-5

(7) Verify there is proper spacing and protection to prevent shipping damage.

1-11

1-8

1-4

(8) Verify all hardware is palletize and stretch wrapped, with job number and ship date.

23 Female sections

(9) Purple flag the trailer once the load has been verified as correct.

Comments:

NOTE: STOP SHIPMENT IF A PROBLEM IS FOUND AND NOTIFY MANAGEMENT.

Inspector

Anthony Grazier

Forklift Driver (if Needed):



# Sabre Industries™

## BILL OF LADING - Short Form. Not Negotiable

418762 3091160

Name of Carrier: CH No Pinjon	Carrier Number:	BOL No. Load 2
Carrier Code: CPUX	Pick-Up Date and Time: 12/20	Delv. Date and Time: 1/2
TO Consignee: PGLE	From Shipper: Bossier City LA 71111	Send All Freight Bills To: <input type="checkbox"/> Shipper <input checked="" type="checkbox"/> Consignee <input checked="" type="checkbox"/> Third Party
Street: 2393 E. 5th Ave		
City/State: Drorville, CA Zip Code: 95965		
Delivery/Special Instructions: Michelle McLeod 2094921069		

Quantity	Kind of Package, Description of Articles, Special Marks and Exceptions				Weight	Miles
	PO # 350 117 6797				25K	125
1	1-10	C1	65	T 418762		
1	1-14	C1	65	T 11 61 65 T		
1	1-9	C1	65	T 5 11 65 T		
1	1-1	C1	65	T		
1	1-4	C1	65	T		
1	4-5	HT	65	T		
1	1-6	C1	65	T		
1	1-13	C1	65	T		
1	1-3	C1	65	T		
1	4-7	HT	65	T		

DRIVER CERTIFICATION. Received, subject to negotiated rates and agreed-upon contract terms with Carrier or Broker. Receipt is acknowledged by Carrier of the property described above in apparent good order except as noted (contents and condition of packages unknown), marked, consigned and destined as indicated above, which Carrier agrees to carry to destination.

This is to certify that the materials/articles listed above are properly classified, described, packaged, marked, labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

SHIPPER/CONSIGNOR

DRIVER

SECTION 7 - NON-RECOURSE ON CONSIGNOR. If the shipment is to be delivered to the Consignee without recourse against the Consignor, the Consignor shall sign the following statement: The Carrier shall not make delivery of the shipment without either first establishing credit with the 'Consignee/Third party Bill to' depicted above, or without first receiving payment of freight and all other lawful charges.

SHIPPER/CONSIGNOR

Notify if problem arises in route or at delivery: Name Transportation Manager Telephone No. After Hrs. No.

AMOUNT OF LIABILITY FOR FREIGHT LOSS/DAMAGE. The agreed or declared value of the property is specifically stated by the shipper to be \$

SHIPPER/CONSIGNOR

**PRE-SHIPING INSPECTION.** I have secured and visually inspected the material on my truck and have found that all parts visible are not warped, bent, scraped, dented or damaged in any way. I have also witnessed the Sabre Communications Representative named below inspect the cargo for damages or shortages.

Signed

Driver

Truck Number

Witnessed

Name of Trucking Company

Date

Time

Sabre Representative

**POST-SHIPING INSPECTION.** I have visually inspected the material on this truck prior to their removal and have found that they are not warped, bent, scraped, dented or damaged in any way beyond the form, fit or function of the project.

Signed

Company

Witnessed

Date

Time





# BILL OF LADING - Short Form. Not Negotiable

Name of Carrier:	Carrier Number:	BOL No.
Carrier Code:	Pick-Up Date and Time:	Delv. Date and Time:
TO Consignee:	From Shipper:	Send All Freight Bills To:
Street:		<input type="checkbox"/> Shipper <input type="checkbox"/> Consignee <input type="checkbox"/> Third Party
City/State: Zip Code:		
Delivery/Special Instructions:		

Quantity	Kind of Package, Description of Articles, Special Marks and Exceptions	Weight	Miles
	PO # 3501176797		
4-4	H1 65 T		
4-8	H1 65 T		
1-12	C1 65 T		
4-1	H1 65 T		
1-5	C1 65 T		
1-6	C1 65 T		

DRIVER CERTIFICATION. Received, subject to negotiated rates and agreed-upon contract terms with Carrier or Broker. Receipt is acknowledged by Carrier of the property described above in apparent good order except as noted (contents and condition of packages unknown), marked, consigned and destined as indicated above, which Carrier agrees to carry to destination.

This is to certify that the materials/articles listed above are properly classified, described, packaged, marked, labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

SHIPPER/CONSIGNOR \_\_\_\_\_ DRIVER \_\_\_\_\_

SECTION 7 - NON-RECOURSE ON CONSIGNOR. If the shipment is to be delivered to the Consignee without recourse against the Consignor, the Consignor shall sign the following statement: The Carrier shall not make delivery of the shipment without either first establishing credit with the 'Consignee/Third party Bill to' depicted above, or without first receiving payment of freight and all other lawful charges.

SHIPPER/CONSIGNOR \_\_\_\_\_

Notify if problem arises in route or at delivery: Name \_\_\_\_\_ Transportation Manager \_\_\_\_\_ Telephone No. \_\_\_\_\_ After Hrs. No. \_\_\_\_\_

AMOUNT OF LIABILITY FOR FREIGHT LOSS/DAMAGE. The agreed or declared value of the property is specifically stated by the shipper to be \$ \_\_\_\_\_

SHIPPER/CONSIGNOR \_\_\_\_\_

**PRE-SHIPING INSPECTION.** I have secured and visually inspected the material on my truck and have found that all parts visible are not warped, bent, scraped, dented or damaged in any way. I have also witnessed the Sabre Communications Representative named below inspect the cargo for damages or shortages.

Signed \_\_\_\_\_ Truck Number \_\_\_\_\_  
Driver

Witnessed \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
Name of Trucking Company

Sabre Representative \_\_\_\_\_

**POST-SHIPING INSPECTION.** I have visually inspected the material on this truck prior to their removal and have found that they are not warped, bent, scraped, dented or damaged in any way beyond the form, fit or function of the project.

Signed \_\_\_\_\_ Company \_\_\_\_\_  
Crew Foreman

Case: 19-30088 Doc# 3060-1 Filed: 07/18/19 Entered: 07/18/19 13:40:25 Page 25  
Witnessed \_\_\_\_\_ Date of 52 Time \_\_\_\_\_  
Driver



60

Load Verification Inspection

DATE:

BOL#

310154

Job#

418762

Truck#

Check Box

- (1) Verify information on ID tag matches information on the section.
- (2) Verify all welds on the section are completed.
- (3) Verify there is no outer damage to the poles.
- (4) Check quality of surface finish.
- (5) Verify there are no loose items within the section.
- (6) Verify protective caps are in place where required.
- (7) Verify there is proper spacing and protection to prevent shipping damage.
- (8) Verify all hardware is palletize and stretch wrapped, with job number and ship date.
- (9) Purple flag the trailer once the load has been verified as correct.

1-10 1-4 1-3 1-12  
1-14 4-5 4-7 4-1  
1-9 1-6 4-4 1-5  
1-1 1-13 4-8 1-6

16 male sections

Comments:

NOTE: STOP SHIPMENT IF A PROBLEM IS FOUND AND NOTIFY MANAGEMENT.

Inspector:

Anthony J. Jazay

Forklift Driver (if Needed):



Name of Carrier: <b>Customer Pickup</b>		Carrier Number:	BOL No. <b>MSF-309163</b>
Carrier Code: <b>CPUX</b>		Pick-Up Date and Time: <b>01/04/19</b>	Delv. Date and Time: <b>01/07/19 00:00</b>
TO Consignee: <b>PG&amp;E</b>		From Shipper: <b>Bossier City, LA 5031 Hazel Jones Road Bossier City, LA 71111</b>	Send All Freight Bills To:  <input type="checkbox"/> Shipper <input checked="" type="checkbox"/> Consignee <input type="checkbox"/> Third Party
Street:			
City/State:	Zip Code:		
<b>Orville, CA 95065</b>			
Delivery/Special Instructions: <b>Charlene McLeod 709-492-1669</b>			

Quantity	Kind of Package, Description of Articles, Special Marks and Exceptions	Weight	Miles
	418762 Load#: 0	17,228	0
	0		
1	418762-1-11 Customer PO: 3501176797 PO Ln: 5 418762-3509-B	824	
1	418762-1-2 Customer PO: 3501176797 PO Ln: 2 418762-3509-B	824	
1	418762-1-7 Customer PO: 3501176797 PO Ln: 5 418762-3509-B	824	
1	418762-1-8 Customer PO: 3501176797 PO Ln: 5 418762-3509-B	821	
1	418762-2-1 Customer PO: 3501176797 PO Ln: 1 418762-3510-T	1,141	
1	418762-3-1 Customer PO: 3501176797 PO Ln: 8 418762-3510-T	1,141	

DRIVER CERTIFICATION. Received, subject to negotiated rates and agreed-upon contract terms with Carrier or Broker. Receipt is acknowledged by Carrier of the property described above in apparent good order except as noted (contents and condition of packages unknown), marked, consigned and destined as indicated above, which Carrier agrees to carry to destination.

This is to certify that the materials/articles listed above are properly classified, described, packaged, marked, labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

SHIPPER/CONSIGNOR

DRIVER

SECTION 7 - NON-RECOURSE ON CONSIGNOR. If the shipment is to be delivered to the Consignee without recourse against the Consignor, the Consignor shall sign the following statement: The Carrier shall not make delivery of the shipment without either first establishing credit with the 'Consignee/Third party Bill to' depicted above, or without first receiving payment of freight and all other lawful charges.

SHIPPER/CONSIGNOR

Notify if problem arises in route or at delivery: Name Transportation Manager Telephone No. After Hrs. No.

AMOUNT OF LIABILITY FOR FREIGHT LOSS/DAMAGE: The agreed or declared value of the property is specifically stated by the shipper to be \$ **100,000.00**

SHIPPER/CONSIGNOR

**PRE-SHIPING INSPECTION.** I have secured and visually inspected the material on my truck and have found that all parts visible are not warped, bent, scraped, dented or damaged in any way. I have also witnessed the Sabre Communications Representative named below inspect the cargo for damages or shortages.

Signed

Driver

Truck Number

Witnessed

Name of Trucking Company

Date

Time

Sabre Representative

**POST-SHIPING INSPECTION.** I have visually inspected the material on this truck prior to their removal and have found that they are not warped, bent, scraped, dented or damaged in any way beyond the form, fit or function of the project.

Signed

Company

Crew Foreman

Witnessed

Driver

Date

Time





## BILL OF LADING - Short Form. Not Negotiable

Name of Carrier: <b>Customer Pickup</b>		Carrier Number:	BOL No. <b>MSF-309163</b>
Carrier Code: <b>CPUX</b>		Pick-Up Date and Time: <b>01/04/19</b>	Delv. Date and Time: <b>01/07/19 00:00</b>
TO Consignee: <b>PG&amp;E</b>		From Shipper: <b>Bossier City, LA 5031 Hazel Jones Road Bossier City, LA 71111</b>	Send All Freight Bills To: <input type="checkbox"/> Shipper <input checked="" type="checkbox"/> Consignee <input type="checkbox"/> Third Party
Street:			
City/State:	Zip Code:		
<b>Orville</b>	<b>CA 95965</b>		
Delivery/Special Instructions: <b>Charlene McLeod 709-497-1669</b>			

Quantity	Kind of Package, Description of Articles, Special Marks and Exceptions	Weight	Miles
1	418762-3-2 Customer PO: 3501176797 PO Ln: 8 418762-3510-T	1,141	
1	418762-2-1 Customer PO: 3501176797 PO Ln: 4 418762-3511-B	892	
1	418762-3-1 Customer PO: 3501176797 PO Ln: 8 418762-3513-B	1,268	
1	118762-3-2 Customer PO: 3501176797 PO Ln: 8 118762-3513-B	1,268	
1	418762-4-6 Customer PO: 3501176797 PO Ln: 7 418762-3525-T	1,010	
1	418762-4-2 Customer PO: 3501176797 PO Ln: 1 418762-3526-B	837	
1	418762-4-3 Customer PO: 3501176797 PO Ln: 1 418762-3526-B	837	
1	418762-4-0 Customer PO: 3501176797 PO Ln: 7 418762-3526-B	837	

DRIVER CERTIFICATION. Received, subject to negotiated rates and agreed-upon contract terms with Carrier or Broker. Receipt is acknowledged by Carrier of the property described above in apparent good order except as noted (contents and condition of packages unknown), marked, consigned and destined as indicated above, which Carrier agrees to carry to destination.

This is to certify that the materials/articles listed above are properly classified, described, packaged, marked, labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

SHIPPER/CONSIGNOR \_\_\_\_\_ DRIVER \_\_\_\_\_

SECTION 7 - NON-RECOURSE ON CONSIGNOR. If the shipment is to be delivered to the Consignee without recourse against the Consignor, the Consignor shall sign the following statement: The Carrier shall not make delivery of the shipment without either first establishing credit with the 'Consignee/Third party Bill to' depicted above, or without first receiving payment of freight and all other lawful charges.

SHIPPER/CONSIGNOR \_\_\_\_\_

Notify if problem arises in route or at delivery: Name \_\_\_\_\_ Transportation Manager \_\_\_\_\_ Telephone No. \_\_\_\_\_ After Hrs. No. \_\_\_\_\_

AMOUNT OF LIABILITY FOR FREIGHT LOSS/DAMAGE. The agreed or declared value of the property is specifically stated by the shipper to be \$ **100,000.00**

SHIPPER/CONSIGNOR \_\_\_\_\_

**PRE-SHIPPING INSPECTION.** I have secured and visually inspected the material on my truck and have found that all parts visible are not warped, bent, scraped, dented or damaged in any way. I have also witnessed the Sabre Communications Representative named below inspect the cargo for damages or shortages.

Signed \_\_\_\_\_ Truck Number \_\_\_\_\_  
Driver

Witnessed \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
Name of Trucking Company

Sabre Representative \_\_\_\_\_

**POST-SHIPPING INSPECTION.** I have visually inspected the material on this truck prior to their removal and have found that they are not warped, bent, scraped, dented or damaged in any way beyond the form, fit or function of the project.

Signed \_\_\_\_\_ Company \_\_\_\_\_  
Crew Foreman

Case: 19-30088 Doc# 3060-1 Filed: 07/18/19 Entered: 07/18/19 13:40:25 Page 28  
Witnessed \_\_\_\_\_ Date of 52 Time \_\_\_\_\_  
Driver



**BILL OF LADING - Short Form. Not Negotiable**

Name of Carrier: <b>Customer Pickup</b>		Carrier Number:	BOL No. <b>MSF-309163</b>
Carrier Code: <b>CPUX</b>		Pick-Up Date and Time: <b>01/04/19</b>	Delv. Date and Time: <b>01/07/19 00:00</b>
TO Consignee: <b>PG&amp;E</b>		From Shipper: <b>Bossier City, LA 5031 Hazel Jones Road Bossier City, LA 71111</b>	Send All Freight Bills To:  <input type="checkbox"/> Shipper <input checked="" type="checkbox"/> Consignee <input type="checkbox"/> Third Party
Street:			
City/State:	Zip Code:		
<b>Orville CA 95965</b> Delivery/Special Instructions: <b>Charlene McLeod 209-497-1669</b>			

[illegible]

DRIVER CERTIFICATION. Received, subject to negotiated rates and agreed-upon contract terms with Carrier or Broker. Receipt is acknowledged by Carrier of the property described above in apparent good order except as noted (contents and condition of packages unknown), marked, consigned and destined as indicated above, which Carrier agrees to carry to destination.

This is to certify that the materials/articles listed above are properly classified, described, packaged, marked, labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

SHIPPER/CONSIGNOR \_\_\_\_\_ DRIVER \_\_\_\_\_

SECTION 7 - NON-RECOURSE ON CONSIGNOR. If the shipment is to be delivered to the Consignee without recourse against the Consignor, the Consignor shall sign the following statement: The Carrier shall not make delivery of the shipment without either first establishing credit with the 'Consignee/Third party Bill to' depicted above, or without first receiving payment of freight and all other lawful charges.

SHIPPER/CONSIGNOR \_\_\_\_\_

Notify if problem arises in route or at delivery: Name Transportation Manager Telephone No.                      After Hrs. No.                     

AMOUNT OF LIABILITY FOR FREIGHT LOSS/DAMAGE. The agreed or declared value of the property is specifically stated by the shipper to be \$ **100,000.00**

SHIPPER/CONSIGNOR \_\_\_\_\_

**PRE-SHIPING INSPECTION.** I have secured and visually inspected the material on my truck and have found that all parts visible are not warped, bent, scraped, dented or damaged in any way. I have also witnessed the Sabre Communications Representative named below inspect the cargo for damages or shortages.

Signed \_\_\_\_\_ Truck Number \_\_\_\_\_  
Driver

Witnessed \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
Name of Trucking Company

Sabre Representative

**POST-SHIPING INSPECTION.** I have visually inspected the material on this truck prior to their removal and have found that they are not warped, bent, scraped, dented or damaged in any way beyond the form, fit or function of the project.

Signed \_\_\_\_\_ Company \_\_\_\_\_

Witnessed \_\_\_\_\_ Date **of 52** \_\_\_\_\_ Time \_\_\_\_\_

**BILL OF LADING - Short Form. Not Negotiable**

Name of Carrier: <b>Customer Pickup</b>		Carrier Number:	BOL No. <b>MSF-309163</b>
Carrier Code: <b>CPUX</b>		Pick-Up Date and Time: <b>01/04/19</b>	Delv. Date and Time: <b>01/07/19 00:00</b>
TO Consignee: <b>PG&amp;E</b>		From Shipper: <b>Bossier City, LA 5031 Hazel Jones Road Bossier City, LA 71111</b>	Send All Freight Bills To: <input type="checkbox"/> Shipper <input checked="" type="checkbox"/> Consignee <input type="checkbox"/> Third Party
Street:			
City/State:	Zip Code:		
<b>Orville</b>	<b>CA 95965</b>		
Delivery/Special Instructions: <b>Charlene McLeod 709-492-1669</b>			

Quantity	Kind of Package, Description of Articles, Special Marks and Exceptions	Weight	Miles
	<b>Please deliver to the following location:</b>		
	<b>2502 South 5th Ave. Orville, CA 95965</b>		
	<b>72 Hour Advanced Notice by driver.</b>		

DRIVER CERTIFICATION. Received, subject to negotiated rates and agreed-upon contract terms with Carrier or Broker. Receipt is acknowledged by Carrier of the property described above in apparent good order except as noted (contents and condition of packages unknown), marked, consigned and destined as indicated above, which Carrier agrees to carry to destination.

This is to certify that the materials/articles listed above are properly classified, described, packaged, marked, labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

SHIPPER/CONSIGNOR \_\_\_\_\_ DRIVER \_\_\_\_\_

SECTION 7 - NON-RECOURSE ON CONSIGNOR. If the shipment is to be delivered to the Consignee without recourse against the Consignor, the Consignor shall sign the following statement: The Carrier shall not make delivery of the shipment without either first establishing credit with the 'Consignee/Third party Bill to' depicted above, or without first receiving payment of freight and all other lawful charges.

SHIPPER/CONSIGNOR \_\_\_\_\_

Notify if problem arises in route or at delivery: Name \_\_\_\_\_ Transportation Manager \_\_\_\_\_ Telephone No. \_\_\_\_\_ After Hrs. No. \_\_\_\_\_

AMOUNT OF LIABILITY FOR FREIGHT LOSS/DAMAGE. The agreed or declared value of the property is specifically stated by the shipper to be \$ **100,000.00**

SHIPPER/CONSIGNOR \_\_\_\_\_

**PRE-SHIPING INSPECTION.** I have secured and visually inspected the material on my truck and have found that all parts visible are not warped, bent, scraped, dented or damaged in any way. I have also witnessed the Sabre Communications Representative named below inspect the cargo for damages or shortages.

Signed \_\_\_\_\_ Truck Number \_\_\_\_\_  
Driver

Witnessed \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
Name of Trucking Company

Sabre Representative \_\_\_\_\_

**POST-SHIPING INSPECTION.** I have visually inspected the material on this truck prior to their removal and have found that they are not warped, bent, scraped, dented or damaged in any way beyond the form, fit or function of the project.

Signed \_\_\_\_\_ Company \_\_\_\_\_  
Crew Foreman

Case: 19-30088 Doc# 3060-1 Filed: 07/18/19 Entered: 07/18/19 13:40:25 Page 30  
Witnessed \_\_\_\_\_ Date of 52 Time \_\_\_\_\_  
Driver



Sabre FWT

JOB#

418762

BOL#

309163

SABRE-FWT CORPORATION'S FREIGHT IS VERY TIME SENSITIVE

1. I UNDERSTAND THE HOURS NEEDED TO REACH THE DESTINATION AND I HAVE THE AVAILABLE DRIVING HOURS NEEDED TO COMPLETE THE DELIVERY IN A TIMELY MANNER.
2. I CAN COVER THE MILES NEEDED TO DRIVE AND BE ON TIME PER APPT DAY AND TIME, (LISTED ON BILL OF LADING) AND DELIVER ON TIME ACCORDING TO ACTUAL LOAD TIME LEAVING SABRE FACILITIES.
3. IN THE EVENT OF ANY SITUATION OR CIRCUMSTANCE WHICH MIGHT CAUSE DELAY IN DELIVERY, I AGREE TO GIVE A 24-48 HOUR NOTICE, OR AS MUCH NOTICE AS POSSIBLE, OF SUCH POSSIBLE DELAY TO SABRE-FWT COMMUNICATIONS CORPORATION BY CALLING SABRE AT 866-254-3707 AND INFORM SABRE OF THE DELAY.

DRIVER(S) PLEASE GO OVER ITEMS LISTED ABOVE AND VERIFY ALL ARE IN ORDER TO MAKE SURE YOU UNDERSTAND LOAD SEVERITY AND YOU CAN DELIVER LOAD ON TIME. IF ANSWER IS (NO) TO ANY OF THE ABOVE YOU NEED TO CALL YOUR DISPATCH PRIOR TO LOADING AND/OR MOVING THE LOAD.

IF YOU DO NOT NOTIFY AND/OR DO NOT MAKE ON TIME DELIVERY DUE TO DRIVER NEGLIGENCE, DAMAGES LISTED BELOW COULD BE APPLIED AND CHARGES/DETENTION WILL BE ASSESSED TO YOUR COMPANY.

1. BACK CHARGES FOR CRANE DOWNTIME.
2. BACK CHARGES FOR CREW DOWNTIME.

CARRIER(S) NOT LIABLE FOR DELAY WHEN SUCH DELAY IS CAUSED BY ACT OF GOD, WORK STOPPAGE, IMPASSABLE HIGHWAYS, BRIDGES, WAR, REBELLION, RIOT OR THE ACT OF PUBLIC AUTHORITY.

REQUIREMENTS

When signing this document the driver verifies they have all the personal protective equipment (PPE) required (i.e. ANSI-approved safety glasses/prescription safety glasses with side shields, high-visibility reflective vest, work gloves appropriate for the potential hazards {Jersey gloves are not permitted to be worn as the only means of protection}, and protective toe footwear that meet the safety-toe specifications as ASTM F2413-05 with compression of C75). When required hearing protection devices and Fire Retardant clothing.

DRIVER SIGNATURE:





## Miscellaneous Shipment Authorization

Pack ID 309163	Customer PG&E	Site State CA	Site Name PO 3501176797 WPES
	Requested By cgarcia	Site Country	
Ship Date 1/4/2019	Arrive Date/Time 01/07/2019 12:00 AM	Model	Height 0.00

ShipmentType 4. CPU	Material To Ship Utility	Est Truck Loads	Ship From Bossier City
Cosignee PG&E	Contact Name\Phone\Cell Charlene McLoed 209-492-1669	Ship Address Oroville, CA 95965	

### Directions

SO# 418762, PG&E, PO# 3501176797

Please deliver to the following location:

2592 South 5th Ave. Oroville, CA 95965

72 Hour Advanced Notice by driver.

Line	Qty	Part Number	Description	Weight
Order Number: 418762				
2	1		418762-3509-B	824.00
3	1		418762-3526-B	837.00
4	1		418762-3526-B	837.00
5	1		418762-3513-B	1,268.00
6	1		418762-3509-B	824.00
7	1		418762-3611-B	892.00
8	1		418762-3526-B	837.00
9	1		418762-3511-B	892.00
10	1		418762-3509-B	824.00
11	1		418762-3513-B	1,268.00
12	1		418762-3509-B	824.00
13	1		418762-3539-B	1,387.00
14	1		418762-3510-T	1,141.00
15	1		418762-3510-T	1,141.00
16	1		418762-3510-T	1,141.00
17	1		418762-3525-T	1,010.00
18	1		418762-3536-T	1,281.00

Approved By: kharper

<b>Total Weight:</b>	<b>17,228.00</b>
----------------------	------------------



Customer Pickup

MSE-309163

CPUX

01/04/19

01/07/19 00:00

PG&E

Bossier City, LA  
5031 Hazel Jones Road  
Bossier City, LA 71111

X

Oroville CA 95965

Charlene McLoed  
209-492-1669

418762 Load#: 0

17,228 0

0

1	418762-1-11	Customer PO: 3501176797 PO Ln: 5 418762-3509-B	824
1	418762-1-2	Customer PO: 3501176797 PO Ln: 2 418762-3509-B	824
1	418762-1-7	Customer PO: 3501176797 PO Ln: 5 418762-3509-B	824
1	418762-1-8	Customer PO: 3501176797 PO Ln: 5 418762-3509-B	824
1	418762-2-1	Customer PO: 3501176797 PO Ln: 4 418762-3510-T	1,141
1	418762-3-1	Customer PO: 3501176797 PO Ln: 8 418762-3510-T	1,141

100,000.00

Customer Pickup

MSE-309163

CPUX

01/04/19

01/07/19 00:00

PG&E

Bossier City, LA  
5031 Hazel Jones Road  
Bossier City, LA 71111

X

Oroville CA 95965

Charlene McLoed  
209-492-1669

1	418762-3-2	Customer PO: 3501176797 PO Ln: 8 418762-3510-T	1,141
1	418762-2-1	Customer PO: 3501176797 PO Ln: 4 418762-3511-B	892
1	418762-3-1	Customer PO: 3501176797 PO Ln: 8 418762-3513-B	1,268
1	418762-3-2	Customer PO: 3501176797 PO Ln: 8 418762-3513-B	1,268
1	418762-4-6	Customer PO: 3501176797 PO Ln: 7 418762-3525-T	1,010
1	418762-4-2	Customer PO: 3501176797 PO Ln: 1 418762-3526-B	837
1	418762-4-3	Customer PO: 3501176797 PO Ln: 1 418762-3526-B	837
1	418762-4-9	Customer PO: 3501176797 PO Ln: 7 418762-3526-B	837

100,000.00



Customer Pickup

MSE-309163

CPUX

01/04/19

01/07/19 00:00

PG&E

Bossier City, LA  
5031 Hazel Jones Road  
Bossier City, LA 71111

X

Oroville CA 95965

Charlene McLoed  
209-492-1669

1	418762-6-1	Customer PO: 3501176797 PO Ln: 3 418762-3536-T	1,281
1	418762-6-1	Customer PO: 3501176797 PO Ln: 3 418762-3539-B	1,387
1	418762-5-1	Customer PO: 3501176797 PO Ln: 6 418762-3611-B	892

100,000.00

Customer Pickup

01/04/19

MSE-309163

01/07/19 00:00

CPUX

PG&E

Bossier City, LA  
5031 Hazel Jones Road  
Bossier City, LA 71111

X

Oroville CA 95965

Charlene McLoed  
209-492-1669

Please deliver to the following location:

2592 South 5th Ave. Oroville, CA 95965

72 Hour Advanced Notice by driver.

100,000.00





Load Verification Inspection

Check Box

DATE:

BOL#

Job#

Truck#

(1) Verify information on ID tag matches information on the section.

(2) Verify all welds on the section are completed.

(3) Verify there is no outer damage to the poles.

(4) Check quality of surface finish.

(5) Verify there are no loose items within the section.

(6) Verify protective caps are in place where required.

(7) Verify there is proper spacing and protection to prevent shipping damage.

(8) Verify all hardware is palletize and stretch wrapped, with job number and ship date.

(9) Purple flag the trailer once the load has been verified as correct.

Comments:

NOTE: STOP SHIPMENT IF A PROBLEM IS FOUND AND NOTIFY MANAGEMENT.

Inspector:

Forklift Driver (if Needed):

80 H2-6-1 1-2 2-1 4-3  
65 H1-4-6 6-1 4-9 3-1  
80 C1-3-1 3-2 5-1 1-7  
70C1-2-1 1-8 1-11 4-2  
80C1 3-2  
Make section  
External section



3061193

### Load Verification Inspection

DATE: \_\_\_\_\_

BOL#

3061193

Job# 418762

Truck#

Check Box

- (1) Verify information on ID tag matches information on the section.
- (2) Verify all welds on the section are completed.
- (3) Verify there is no outer damage to the poles.
- (4) Check quality of surface finish.
- (5) Verify there are no loose items within the section.
- (6) Verify protective caps are in place where required.
- (7) Verify there is proper spacing and protection to prevent shipping damage.
- (8) Verify all hardware is palletize and stretch wrapped, with job number and ship date.
- (9) Purple flag the trailer once the load has been verified as correct.

6-1 4-9 4-2  
1-2 5-1 1-7  
3-2 2-1 3-1  
1-8 1-11 4-3

12-male section



Comments:

NOTE: STOP SHIPMENT IF A PROBLEM IS FOUND AND NOTIFY MANAGEMENT.

Inspector:

*[Signature]*

Forklift Driver (if Needed):



**Sabre Industries****BILL OF LADING - Short Form. Not Negotiable**

418823

pg 1

309179

Name of Carrier: <b>CH Robinson</b>	Carrier Number:	BOL No. <b>L1</b>
Carrier Code: <b>CPUP</b>	Pick-Up Date and Time: <b>12/26</b>	Delv. Date and Time: <b>1/2/18</b>
TO Consignee: <b>P&amp;E</b>	From Shipper:	Send All Freight Bills To: <input type="checkbox"/> Shipper <input checked="" type="checkbox"/> Consignee <input checked="" type="checkbox"/> Third Party
Street: <b>2593 South 5th Ave</b>		
City/State: <b>Oroville, CA</b>	Zip Code: <b>95965</b>	
Delivery/Special Instructions: <b>Charlene McLeod 209-492-1669</b>		

Quantity	Kind of Package, Description of Articles, Special Marks and Exceptions		Weight	Miles
	<b>418823 35011767 92</b>			
1	1-9	CI US		
1	1-3	CI US		
1	1-2	CI US		
1	3-1	HI US		
1	3-6	HI US		
1	1-8	CI US		
1	3-10	HI US		
1	1-6	CI US		
1	1-7	CI US		
1	3-9	HI US		
1	1-4	CI US		

DRIVER CERTIFICATION. Received, subject to negotiated rates and agreed-upon contract terms with Carrier or Broker. Receipt is acknowledged by Carrier of the property described above in apparent good order except as noted (contents and condition of packages unknown), marked, consigned and destined as indicated above, which Carrier agrees to carry to destination.

This is to certify that the materials/articles listed above are properly classified, described, packaged, marked, labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

SHIPPER/CONSIGNOR **Kenny H. H. H.**DRIVER **[Signature]**

SECTION 7 - NON-RECOURSE ON CONSIGNOR. If the shipment is to be delivered to the Consignee without recourse against the Consignor, the Consignor shall sign the following statement: The Carrier shall not make delivery of the shipment without either first establishing credit with the 'Consignee/Third party Bill to' depicted above, or without first receiving payment of freight and all other lawful charges.

SHIPPER/CONSIGNOR **[Signature]**Notify if problem arises in route or at delivery: Name **Transportation Manager** Telephone No. **After Hrs. No.**AMOUNT OF LIABILITY FOR FREIGHT LOSS/DAMAGE. The agreed or declared value of the property is specifically stated by the shipper to be \$ **1000**SHIPPER/CONSIGNOR **[Signature]**

**PRE-SHIPING INSPECTION.** I have secured and visually inspected the material on my truck and have found that all parts visible are not warped, bent, scraped, dented or damaged in any way. I have also witnessed the Sabre Communications Representative named below inspect the cargo for damages or shortages.

Signed **[Signature]** Driver Truck Number **41 723**Witnessed **[Signature]** Name of Trucking Company Date **12/31/18** TimeSabre Representative **[Signature]**

**POST-SHIPING INSPECTION.** I have visually inspected the material on this truck prior to their removal and have found that they are not warped, bent, scraped, dented or damaged in any way beyond the form, fit or function of the project.

Signed **[Signature]** Crew Foreman CompanyCase: 19-30088 Doc# 3060-1 Filed: 07/18/19 Entered: 07/18/19 13:40:25 Page 39  
Witnessed **[Signature]** Driver Date **of 52** Time



Quantity	Kind of Package, Description of Articles, Special Marks and Exceptions	Weight	Miles
	418823 DO # 350 1176792		
1	3-5 H165 B		
1	2-1 C175 B		
1	3-8 H165 B		
1	3-2 H165 B		
1	1-1 C145 B		
	1 C175 B		
	9 C165 B		
	7 H165 B		

SHIPPER/CONSIGNOR K FA

of 52





Load Verification Inspection

DATE: \_\_\_\_\_ BOL# \_\_\_\_\_ Job# 823 Truck# \_\_\_\_\_

Check Box

- (1) Verify information on ID tag matches information on the section.
- (2) Verify all welds on the section are completed.
- (3) Verify there is no outer damage to the poles.
- (4) Check quality of surface finish.
- (5) Verify there are no loose items within the section.
- (6) Verify protective caps are in place where required.
- (7) Verify there is proper spacing and protection to prevent shipping damage.
- (8) Verify all hardware is palletize and stretch wrapped, with job number and ship date.
- (9) Purple flag the trailer once the load has been verified as correct.

1-9 1-3 1-2 3-1  
3-6 1-8 3-10 1-6  
1-7 3-9 1-4 3-5  
2-1 3-8 3-2 1-1

16 male sections

2- 41

Comments:

NOTE: STOP SHIPMENT IF A PROBLEM IS FOUND AND NOTIFY MANAGEMENT.

Inspector: Anthony Jazgar

Forklift Driver (if Needed):



Load Verification Inspection

DATE: 12-19-18

BOL#

Job# 418767

Truck#

Check Box

(1) Verify information on ID tag matches information on the section.

(2) Verify all welds on the section are completed.

(3) Verify there is no outer damage to the poles.

(4) Check quality of surface finish.

(5) Verify there are no loose items within the section.

(6) Verify protective caps are in place where required.

(7) Verify there is proper spacing and protection to prevent shipping damage.

(8) Verify all hardware is palletize and stretch wrapped, with job number and ship date.

(9) Purple flag the trailer once the load has been verified as correct.

41 70 4-3 4-2 1-12 4-1 1-10 1-11 4-7 1-13 1-14 4-9 4-8 1-9 4-4 1-2 4-5 1-1 1-5 1-4

23 Female sections

Comments:

NOTE: STOP SHIPMENT IF A PROBLEM IS FOUND AND NOTIFY MANAGEMENT.

Inspector:

Anthony Grazia

Forklift Driver (if Needed):



# Sabre Industries™

## BILL OF LADING - Short Form. Not Negotiable

Name of Carrier: <b>Customer Pickup</b>	Carrier Number:	BOL No. <b>MSF-309181</b>
Carrier Code: <b>CPUX</b>	Pick-Up Date and Time: <b>07/07/19</b>	Delv. Date and Time: <b>07/07/19 00:00</b>
TO Consignee: <b>PERE</b>	From Shipper: <b>Bossier City, LA 5031 Hazel Jones Road Bossier City, LA 71111</b>	Send All Freight Bills To: <input type="checkbox"/> Shipper <input checked="" type="checkbox"/> Consignee <input type="checkbox"/> Third Party
Street:		
City/State: <b>Orville CA 95965</b>	Zip Code:	
Delivery/Special Instructions: <b>Chanelle McLeod 709-497-1669</b>		

Quantity	Kind of Package, Description of Articles, Special Marks and Exceptions	Weight	Miles
	<del>418823 Load# 0</del>	<del>23.501</del>	<del>0</del>
	<del>0</del>		
1	418823-1-1 Customer PO: 3501176792 PO Ln: 2 Class-C1 - 65' [11.5' enhanced] M350037 118823-3508-1	1,025	
1	418823-1-2 Customer PO: 3501176792 PO Ln: 2 418823-3508-T	1,025	
1	418823-1-3 Customer PO: 3501176792 PO Ln: 2 418823-3508-T	1,025	
1	418823-1-4 Customer PO: 3501176792 PO Ln: 4 418823-3508-T	1,025	
1	418823-1-5 Customer PO: 3501176792 PO Ln: 4 418823-3508-T	1,025	
1	118823-1-6 Customer PO: 3501176792 PO Ln: 1 118823-3508-1	1,025	

DRIVER CERTIFICATION. Received, subject to negotiated rates and agreed-upon contract terms with Carrier or Broker. Receipt is acknowledged by Carrier of the property described above in apparent good order except as noted (contents and condition of packages unknown), marked, consigned and destined as indicated above, which Carrier agrees to carry to destination.

This is to certify that the materials/articles listed above are properly classified, described, packaged, marked, labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

SHIPPER/CONSIGNOR *Kary Henpe* DRIVER *[Signature]*

SECTION 7 - NON-RECOURSE ON CONSIGNOR. If the shipment is to be delivered to the Consignee without recourse against the Consignor, the Consignor shall sign the following statement: The Carrier shall not make delivery of the shipment without either first establishing credit with the 'Consignee/Third party Bill to' depicted above, or without first receiving payment of freight and all other lawful charges.

SHIPPER/CONSIGNOR *[Signature]*

Notify if problem arises in route or at delivery: Name Transportation Manager Telephone No.                      After Hrs. No. 100,000.00

AMOUNT OF LIABILITY FOR FREIGHT LOSS/DAMAGE The agreed or declared value of the property is specifically stated by the shipper to be \$                     

SHIPPER/CONSIGNOR *[Signature]*

**PRE-SHIPPING INSPECTION.** I have secured and visually inspected the material on my truck and have found that all parts visible are not warped, bent, scraped, dented or damaged in any way. I have also witnessed the Sabre Communications Representative named below inspect the cargo for damages or shortages.

Signed *[Signature]* Driver Truck Number 239

Witnessed American Archive Name of Trucking Company Date 1/4/19 Time                     

Sabre Representative *[Signature]*

**POST-SHIPPING INSPECTION.** I have visually inspected the material on this truck prior to their removal and have found that they are not warped, bent, scraped, dented or damaged in any way beyond the form, fit or function of the project.

Signed *[Signature]* Company                     

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Witnessed                      Date 07/18/19 Time





## BILL OF LADING - Short Form. Not Negotiable

Name of Carrier: <b>Customer Pickup</b>		Carrier Number:	BOL No. <b>MSF-309181</b>
Carrier Code: <b>CPUX</b>		Pick-Up Date and Time: <b>07/07/19</b>	Delv. Date and Time: <b>07/07/19 00:00</b>
TO Consignee: <b>PG&amp;E</b>		From Shipper: <b>Bossier City, LA 5031 Hazel Jones Road Bossier City, LA 71111</b>	Send All Freight Bills To: <input type="checkbox"/> Shipper <input checked="" type="checkbox"/> Consignee <input type="checkbox"/> Third Party
Street:			
City/State: <b>Orville CA</b>		Zip Code: <b>95965</b>	
Delivery/Special Instructions: <b>Charlene McLeod 209-497-1669</b>			

Quantity	Kind of Package, Description of Articles, Special Marks and Exceptions	Weight	Miles
1	418823-1-7 Customer PO: 3501176792 PO Ln: 4 418823-3508-T	1,025	
1	418823-1-8 Customer PO: 3501176792 PO Ln: 4 418823-3508-T	1,025	
1	418823-1-9 Customer PO: 3501176792 PO Ln: 4 418823-3508-T	1,025	
1	418823-1-5 Customer PO: 3501176792 PO Ln: 1 418823-3509-B	821	
1	418823-2-1 Customer PO: 3501176792 PO Ln: 1 418823-3510-T	1,141	
1	418823-3-1 Customer PO: 3501176792 PO Ln: 3 418823-3525-T	1,010	
1	418823-3-10 Customer PO: 3501176792 PO Ln: 5 418823-3525-T	1,010	
1	418823-3-2 Customer PO: 3501176792 PO Ln: 3 418823-3525-T	1,010	

DRIVER CERTIFICATION. Received, subject to negotiated rates and agreed-upon contract terms with Carrier or Broker. Receipt is acknowledged by Carrier of the property described above in apparent good order except as noted (contents and condition of packages unknown), marked, consigned and destined as indicated above, which Carrier agrees to carry to destination.

This is to certify that the materials/articles listed above are properly classified, described, packaged, marked, labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

SHIPPER/CONSIGNOR \_\_\_\_\_ DRIVER \_\_\_\_\_

SECTION 7 - NON-RECOURSE ON CONSIGNOR. If the shipment is to be delivered to the Consignee without recourse against the Consignor, the Consignor shall sign the following statement: The Carrier shall not make delivery of the shipment without either first establishing credit with the 'Consignee/Third party Bill to' depicted above, or without first receiving payment of freight and all other lawful charges.

SHIPPER/CONSIGNOR \_\_\_\_\_

Notify if problem arises in route or at delivery: Name \_\_\_\_\_ Transportation Manager \_\_\_\_\_ Telephone No. \_\_\_\_\_ After Hrs. No. **100,000.00**

AMOUNT OF LIABILITY FOR FREIGHT LOSS/DAMAGE. The agreed or declared value of the property is specifically stated by the shipper to be \$ \_\_\_\_\_

SHIPPER/CONSIGNOR \_\_\_\_\_

**PRE-SHIPING INSPECTION.** I have secured and visually inspected the material on my truck and have found that all parts visible are not warped, bent, scraped, dented or damaged in any way. I have also witnessed the Sabre Communications Representative named below inspect the cargo for damages or shortages.

Signed \_\_\_\_\_ Truck Number \_\_\_\_\_  
Driver

Witnessed \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
Name of Trucking Company

Sabre Representative \_\_\_\_\_

**POST-SHIPING INSPECTION.** I have visually inspected the material on this truck prior to their removal and have found that they are not warped, bent, scraped, dented or damaged in any way beyond the form, fit or function of the project.

Signed \_\_\_\_\_ Company \_\_\_\_\_  
Crew Foreman

Case: 19-30088 Doc# 3060-1 Filed: 07/18/19 Entered: 07/18/19 13:40:25 Page 44  
Witnessed \_\_\_\_\_ Date of 52 Time \_\_\_\_\_  
Driver



Name of Carrier: <b>Customer Pickup</b>		Carrier Number:	BOL No. <b>MSF-309181</b>
Carrier Code: <b>CPUX</b>		Pick Up Date and Time: <b>07/07/19</b>	Delv. Date and Time: <b>07/07/19 00:00</b>
TO Consignee: <b>PGZE</b>		From Shipper: <b>Bossier City, LA 5031 Hazel Jones Road Bossier City, LA 71111</b>	Send All Freight Bills To:  <input type="checkbox"/> Shipper <input checked="" type="checkbox"/> Consignee <input type="checkbox"/> Third Party
Street:			
City/State: <b>Orville CA 95965</b>		Zip Code:	
Delivery/Special Instructions: <b>Channel Mailed 709-497-1669</b>			

Quantity	Kind of Package, Description of Articles, Special Marks and Exceptions	Weight	Miles
1	418823-3-3 Customer PO: 3501176792 PO Ln: 3 418823-3525-T	1,010	
1	418823-3-4 Customer PO: 3501176792 PO Ln: 3 418823-3525-T	1,010	
1	418823-3-5 Customer PO: 3501176792 PO Ln: 3 418823-3525-T	1,010	
1	418823-3-6 Customer PO: 3501176792 PO Ln: 3 418823-3525-T	1,010	
1	418823-3-7 Customer PO: 3501176792 PO Ln: 5 418823-3525-T	1,010	
1	418823-3-8 Customer PO: 3501176792 PO Ln: 5 418823-3525-T	1,010	
1	418823-3-9 Customer PO: 3501176792 PO Ln: 5 418823-3525-T	1,010	
1	418823-3-3 Customer PO: 3501176792 PO Ln: 3 418823-3526-B	837	

DRIVER CERTIFICATION. Received, subject to negotiated rates and agreed-upon contract terms with Carrier or Broker. Receipt is acknowledged by Carrier of the property described above in apparent good order except as noted (contents and condition of packages unknown), marked, consigned and destined as indicated above, which Carrier agrees to carry to destination.

This is to certify that the materials/articles listed above are properly classified, described, packaged, marked, labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

SHIPPER/CONSIGNOR \_\_\_\_\_ DRIVER \_\_\_\_\_

SECTION 7 - NON-RECOURSE ON CONSIGNOR. If the shipment is to be delivered to the Consignee without recourse against the Consignor, the Consignor shall sign the following statement: The Carrier shall not make delivery of the shipment without either first establishing credit with the 'Consignee/Third party Bill to' depicted above, or without first receiving payment of freight and all other lawful charges.

SHIPPER/CONSIGNOR \_\_\_\_\_

Notify if problem arises in route or at delivery: Name \_\_\_\_\_ Transportation Manager \_\_\_\_\_ Telephone No. \_\_\_\_\_ After Hrs. No. **100,000.00**

AMOUNT OF LIABILITY FOR FREIGHT LOSS/DAMAGE. The agreed or declared value of the property is specifically stated by the shipper to be \$ \_\_\_\_\_

SHIPPER/CONSIGNOR \_\_\_\_\_

**PRE-SHIPPING INSPECTION.** I have secured and visually inspected the material on my truck and have found that all parts visible are not warped, bent, scraped, dented or damaged in any way. I have also witnessed the Sabre Communications Representative named below inspect the cargo for damages or shortages.

Signed \_\_\_\_\_ Truck Number \_\_\_\_\_

Driver

Witnessed \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Name of Trucking Company

Sabre Representative \_\_\_\_\_

**POST-SHIPPING INSPECTION.** I have visually inspected the material on this truck prior to their removal and have found that they are not warped, bent, scraped, dented or damaged in any way beyond the form, fit or function of the project.

Signed \_\_\_\_\_ Company \_\_\_\_\_

Crew Foreman

Witnessed \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Driver



## BILL OF LADING - Short Form. Not Negotiable

Name of Carrier: <b>Customer Pickup</b>		Carrier Number:	BOL No. <b>MSF-309181</b>
Carrier Code: <b>CPUX</b>		Pick Up Date and Time: <b>07/04/19</b>	Delv. Date and Time: <b>07/07/19 00:00</b>
TO Consignee: <b>PG&amp;E</b>		From Shipper: <b>Bossier City, LA 5031 Hazel Jones Road Bossier City, LA 71111</b>	Send All Freight Bills To: <input type="checkbox"/> Shipper <input checked="" type="checkbox"/> Consignee <input type="checkbox"/> Third Party
Street:			
City/State: <b>Oroville CA</b> Zip Code: <b>95965</b>			
Delivery/Special Instructions: <b>Charlene McLeod 709-492-1669</b>			

Quantity	Kind of Package, Description of Articles, Special Marks and Exceptions	Weight	Miles
1	418823-3-4 Customer PO: 3501176792 PO Ln: 3 418823-3526-B	837	
1	418823-3-7 Customer PO: 3501176792 PO Ln: 5 418823-3526-B	837	
	Please deliver to the following location:		
	2502 South 5th Ave. Oroville, CA 95965		
	24 Hour Advanced Notice by driver.		

DRIVER CERTIFICATION. Received, subject to negotiated rates and agreed-upon contract terms with Carrier or Broker. Receipt is acknowledged by Carrier of the property described above in apparent good order except as noted (contents and condition of packages unknown), marked, consigned and destined as indicated above, which Carrier agrees to carry to destination.

This is to certify that the materials/articles listed above are properly classified, described, packaged, marked, labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

SHIPPER/CONSIGNOR \_\_\_\_\_ DRIVER \_\_\_\_\_

SECTION 7 - NON-RECOURSE ON CONSIGNOR. If the shipment is to be delivered to the Consignee without recourse against the Consignor, the Consignor shall sign the following statement: The Carrier shall not make delivery of the shipment without either first establishing credit with the 'Consignee/Third party Bill to' depicted above, or without first receiving payment of freight and all other lawful charges.

SHIPPER/CONSIGNOR \_\_\_\_\_

Notify if problem arises in route or at delivery: Name \_\_\_\_\_ Transportation Manager \_\_\_\_\_ Telephone No. \_\_\_\_\_ After Hrs. No. **100,000.00**

AMOUNT OF LIABILITY FOR FREIGHT LOSS/DAMAGE. The agreed or declared value of the property is specifically stated by the shipper to be \$ \_\_\_\_\_

SHIPPER/CONSIGNOR \_\_\_\_\_

**PRE-SHIPPING INSPECTION.** I have secured and visually inspected the material on my truck and have found that all parts visible are not warped, bent, scraped, dented or damaged in any way. I have also witnessed the Sabre Communications Representative named below inspect the cargo for damages or shortages.

Signed \_\_\_\_\_ Truck Number \_\_\_\_\_  
Driver

Witnessed \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
Name of Trucking Company

Sabre Representative \_\_\_\_\_

**POST-SHIPPING INSPECTION.** I have visually inspected the material on this truck prior to their removal and have found that they are not warped, bent, scraped, dented or damaged in any way beyond the form, fit or function of the project.

Signed \_\_\_\_\_ Company \_\_\_\_\_  
Crew Foreman

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Witnessed \_\_\_\_\_ Date of 52 \_\_\_\_\_ Time \_\_\_\_\_  
Driver



THE NEW

Sabre-FWT

JOB#

418823

BOL#

309181

SABRE-FWT CORPORATION'S FREIGHT IS VERY TIME SENSITIVE

1. I UNDERSTAND THE HOURS NEEDED TO REACH THE DESTINATION AND I HAVE THE AVAILABLE DRIVING HOURS NEEDED TO COMPLETE THE DELIVERY IN A TIMELY MANNER.
2. I CAN COVER THE MILES NEEDED TO DRIVE AND BE ON TIME PER APPT DAY AND TIME, (LISTED ON BILL OF LADING) AND DELIVER ON TIME ACCORDING TO ACTUAL LOAD TIME LEAVING SABRE FACILITIES.
3. IN THE EVENT OF ANY SITUATION OR CIRCUMSTANCE WHICH MIGHT CAUSE DELAY IN DELIVERY, I AGREE TO GIVE A 24-48 HOUR NOTICE, OR AS MUCH NOTICE AS POSSIBLE, OF SUCH POSSIBLE DELAY TO SABRE-FWT COMMUNICATIONS CORPORATION BY CALLING SABRE AT 866-254-3707 AND INFORM SABRE OF THE DELAY.

DRIVER(S) PLEASE GO OVER ITEMS LISTED ABOVE AND VERIFY ALL ARE IN ORDER TO MAKE SURE YOU UNDERSTAND LOAD SEVERITY AND YOU CAN DELIVER LOAD ON TIME. IF ANSWER IS (NO) TO ANY OF THE ABOVE YOU NEED TO CALL YOUR DISPATCH PRIOR TO LOADING AND/OR MOVING THE LOAD.

IF YOU DO NOT NOTIFY AND/OR DO NOT MAKE ON TIME DELIVERY DUE TO DRIVER NEGLIGENCE, DAMAGES LISTED BELOW COULD BE APPLIED AND CHARGES/DETENTION WILL BE ASSESSED TO YOUR COMPANY.

1. BACK CHARGES FOR CRANE DOWNTIME.
2. BACK CHARGES FOR CREW DOWNTIME.

CARRIER(S) NOT LIABLE FOR DELAY WHEN SUCH DELAY IS CAUSED BY ACT OF GOD, WORK STOPPAGE, IMPASSABLE HIGHWAYS, BRIDGES, WAR, REBELLION, RIOT OR THE ACT OF PUBLIC AUTHORITY.

SAFETY REQUIREMENTS

When signing this document the driver verifies they have all the personal protective equipment (PPE) required (i.e. ANSI-approved safety glasses/prescription safety glasses with side shields, high-visibility reflective vest, work gloves appropriate for the potential hazards {Jersey gloves are not permitted to be worn as the only means of protection}, and protective toe footwear that meet the safety-toe specifications as ASTM F2413-05 with compression of C75). When required hearing protection devices and Fire Retardant clothing.

DRIVER SIGNATURE: \_\_\_\_\_



## Miscellaneous Shipment Authorization

<b>Pack ID</b> 309181	<b>Customer</b> PG&E	<b>Site State</b> CA	<b>Site Name</b> PO 3501176792 WPES
	<b>Requested By</b> cgarcia	<b>Site Country</b>	
<b>Ship Date</b> 1/4/2019	<b>Arrive Date/Time</b> 01/07/2019 12:00 AM	<b>Model</b>	<b>Height</b> 0.00

---

<b>ShipmentType</b> 4. CPU	<b>Material To Ship</b> Utility	<b>Est Truck Loads</b>	<b>Ship From</b> Bossier City
<b>Cosignee</b> PG&E	<b>Contact Name\Phone\Cell</b> Charlene McLoed 209-492-1669	<b>Ship Address</b> Oroville, CA 95965	

**Directions**

SO# 418823, PG&E, PO# 3501176792

Please deliver to the following location:

2592 South 5th Ave. Oroville, CA 95965

72 Hour Advanced Notice by driver.

Line	Qty	Part Number	Description	Weight
Order Number: 418823				
2	1	418823-3508-T		1,025.00
3	1	418823-3508-T		1,025.00
4	1	418823-3508-T		1,025.00
5	1	418823-3525-T		1,010.00
6	1	418823-3525-T		1,010.00
7	1	418823-3508-T		1,025.00
8	1	418823-3508-T		1,025.00
9	1	418823-3525-T		1,010.00
10	1	418823-3508-T		1,025.00
11	1	418823-3525-T		1,010.00
12	1	418823-3525-T		1,010.00
13	1	418823-3508-T		1,025.00
14	1	418823-3525-T		1,010.00
15	1	418823-3508-T		1,025.00
16	1	418823-3525-T		1,010.00
17	1	418823-3508-T		1,025.00
18	1	418823-3525-T		1,010.00
19	1	418823-3510-T		1,141.00
20	1	418823-3525-T		1,010.00
21	1	418823-3525-T		1,010.00
22	1	418823-3526-B		837.00
23	1	418823-3526-B		837.00
24	1	418823-3509-B		824.00
25	1	418823-3526-B		837.00
<b>Approved By: cgarcia</b>				
				<b>Total Weight: 23,801.00</b>



Customer Pickup

MSE-309181

CPUX

01/04/19

01/07/19 00:00

PG&E

Bossier City, LA  
5031 Hazel Jones Road  
Bossier City, LA 71111

X

Oroville CA 95965

Charlene McLoed  
209-492-1669

	418823 Load#: 0		23,801	0
	0			
1	418823-1-1	Customer PO: 3501176792 PO Ln: 2 Class-C1 - 65' [11.5' embed]-M350087 418823-3508-T	1,025	
1	418823-1-2	Customer PO: 3501176792 PO Ln: 2 418823-3508-T	1,025	
1	418823-1-3	Customer PO: 3501176792 PO Ln: 2 418823-3508-T	1,025	
1	418823-1-4	Customer PO: 3501176792 PO Ln: 4 418823-3508-T	1,025	
1	418823-1-5	Customer PO: 3501176792 PO Ln: 4 418823-3508-T	1,025	
1	418823-1-6	Customer PO: 3501176792 PO Ln: 4 418823-3508-T	1,025	

100,000.00

Customer Pickup

MSE-309181

CPUX

01/04/19

01/07/19 00:00

PG&E

Bossier City, LA  
5031 Hazel Jones Road  
Bossier City, LA 71111

X

Oroville CA 95965

Charlene McLoed  
209-492-1669

1	418823-1-7	Customer PO: 3501176792 PO Ln: 4 418823-3508-T	1,025
1	418823-1-8	Customer PO: 3501176792 PO Ln: 4 418823-3508-T	1,025
1	418823-1-9	Customer PO: 3501176792 PO Ln: 4 418823-3508-T	1,025
1	418823-1-5	Customer PO: 3501176792 PO Ln: 4 418823-3509-B	824
1	418823-2-1	Customer PO: 3501176792 PO Ln: 1 418823-3510-T	1,141
1	418823-3-1	Customer PO: 3501176792 PO Ln: 3 418823-3525-T	1,010
1	418823-3-10	Customer PO: 3501176792 PO Ln: 5 418823-3525-T	1,010
1	418823-3-2	Customer PO: 3501176792 PO Ln: 3 418823-3525-T	1,010

100,000.00



Customer Pickup		MSE-309181
CPUX	01/04/19	01/07/19 00:00
PG&E	Bossier City, LA 5031 Hazel Jones Road Bossier City, LA 71111	X

Oroville CA 95965

Charlene McLoed  
209-492-1669

1	418823-3-3	Customer PO: 3501176792 PO Ln: 3 418823-3525-T	1,010
1	418823-3-4	Customer PO: 3501176792 PO Ln: 3 418823-3525-T	1,010
1	418823-3-5	Customer PO: 3501176792 PO Ln: 3 418823-3525-T	1,010
1	418823-3-6	Customer PO: 3501176792 PO Ln: 3 418823-3525-T	1,010
1	418823-3-7	Customer PO: 3501176792 PO Ln: 5 418823-3525-T	1,010
1	418823-3-8	Customer PO: 3501176792 PO Ln: 5 418823-3525-T	1,010
1	418823-3-9	Customer PO: 3501176792 PO Ln: 5 418823-3525-T	1,010
1	418823-3-3	Customer PO: 3501176792 PO Ln: 3 418823-3526-B	837

100,000.00

Customer Pickup

MSE-309181

CPUX

01/04/19

01/07/19 00:00

PG&E

Bossier City, LA  
5031 Hazel Jones Road  
Bossier City, LA 71111

X

Oroville CA 95965

Charlene McLoed  
209-492-1669

1	418823-3-4	Customer PO: 3501176792 PO Ln: 3 418823-3526-B	837
1	418823-3-7	Customer PO: 3501176792 PO Ln: 5 418823-3526-B	837

Please deliver to the following location:

2592 South 5th Ave. Oroville, CA 95965

72 Hour Advanced Notice by driver.

100,000.00